



# The Navy PSYCHOLOGIST

Vol. IX, Issue 1 – Spring 2017



## Salute to Early Career Psychologists

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## SPECIALTY LEADER'S MESSAGE: Competency, Mission, and Passion

I am very excited about this issue of The Navy Psychologist and its focus on Early Career Psychologists (ECPs). It is a fantastic time to be a Clinical Psychologist in the Navy. The diverse opportunities and the ability to provide direct, significant impact to our military's mission and the lives of our service members have never been greater. When I joined the Navy 23 years ago, I remember visiting the Marine Corps Embassy Security Group (MCESG) psychologist and thinking what a cool job he had. Virtually all the other billets were in Military Treatment Facilities (MTFs). Look at us now with over 80 operational and embedded billets—on aircraft carriers and submarines, with OSCAR (Operational Stress Control and Readiness), NSW (Naval Special Warfare), and NECC (Navy Expeditionary Combat Command) units, and as consultants for Presidential Support and MCESG.

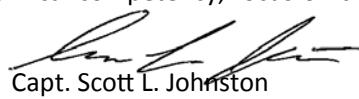
That being said, I would encourage ECPs to focus on clinical competency, being mission focused, and following your passion. Junior in your career, you first need to build a solid foundation in clinical competency. As a junior psychologist at Naval Medical Center San Diego and on the USS Constellation, I saw a ton of patients and established myself as a psychologist. Everything I have done since has been built on this foundation. It is the lens I use to look at everything. We bring this expertise with us, whether we are providing direct mission support or assessment and selection, spearheading a new initiative, or commanding a hospital.

This clinical competency is crucial but not sufficient for a successful career as a Navy psychologist. Once clinically competent, I believe you need to focus on and support the mission of your unit. When I was stationed at Naval Health Clinic Hawaii, there was plenty of demand to see patients. But the Iraq war was gearing up and my CO wanted to support the operational units. I wrote a point paper on how a mental health team could assist the 3<sup>rd</sup> Regiment during the transition of one infantry battalion to the next. There was no SOP (Standard Operating Procedure) for this; I took my best stab at it using my clinical foundation. Next thing I knew, I was on a plane to Iraq to screen warriors returning from combat and providing resilience training to those entering. I made plenty of mistakes, but my resulting three trips to Iraq were some of my most rewarding experiences.

Finally, to have a successful career and find boundless satisfaction, I believe you have to follow your passion. I have felt the most impactful and personally rewarded when I follow this simple rule. Passion will get you through the long days, keep you persevering against all odds, and reward you in spades at the end. Since my days working in group homes with traumatized youth, I wanted to be a child psychologist and I jumped at the first opportunity I had to attend the Navy Pediatric Psychology Fellowship. I craved the opportunity to ease the emotional pain too many children experience. My next passion was supporting the Marines who were putting their lives on the line for our country during the Iraq war. I saw enough death and destruction to last a lifetime, but was honored to help these warriors. After hearing Captain Paul Hammer talk about the Naval Center for Combat & Operational Stress Control (NCCOSC) I thought to myself, "I want his job." I was driven to lead those talented people in conducting research, writing policy, and developing enterprise initiatives. I wanted to give back to Navy Medicine after it gave so much to me. Now, after two decades in this canoe club, I have a job I have always wanted - to work with Navy SEALs. They are such an impressive community and I am determined to find every way I can to improve their psychological health so they can execute our country's orders when called. Find your passion and everything else will fall into place.

Let me take this opportunity to mention a couple of hot Specialty Leader items. Thank you to everyone who attended the last Town Hall where we covered many topics, including promotion, manning, new Marine Logistics Group (MLG) billets, and DUINS (Duty Under Instruction). I hope you all have the first week in August blocked off to come to Washington, D.C. for Navy Day, NCCOSC Symposium, and the American Psychological Association (APA) convention. It will be a great week of networking, camaraderie, and free CEs! The DUINS Board is evaluating the submissions from all the Specialty Leaders. Once the DUINS list is released, I will forward a timeline for applying. I encourage you to take advantage of this wonderful opportunity. Finally, our Clinical Psychology Needs Assessment Survey should be approved soon by the Surgeon General and I encourage you all to complete the survey once I push it out. As always, please take the time to update your roster information on milSuite and ensure you are on our listserv.

I have said it many times, but I am envious of all the new and wonderful opportunities that are available to our junior psychologists that I could only dream about as a young lieutenant. Develop your clinical competency, focus on the mission, and follow your passion, and I know you will have a diverse and rewarding career. 



Capt. Scott L. Johnston



(1993) Then Lt. Johnston

### ON THE COVER



(2013) Marcus VanSickle is promoted to Lt. j. g. by one of his mentors, then Cmdr. Carrie Kennedy, at Marine Corps Embassy Security Group, Quantico, Virginia. Photo credit: Marcus VanSickle.

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## EDITORS' NOTE

We have all been there—stepping into that hospital or clinic on the first day of our internship or post-doc, or into an embedded or operational assignment shortly after. It's exciting. It's overwhelming. It's a proverbial fire hose. It's day one of the journey to being a Psychologist for the United States Navy.

We hope this issue brings our newest additions a sense of belonging and several pearls of wisdom as they continue the early days of their work. For our more "salty" Sea Shrinks, we hope the following articles reignite the fire that made you so excited for this adventure and fans the flame of mentorship for those following in your footsteps.

In addition to our "Salute to Early Career Psychologists," you might have noticed that we've gone through a redesign for this issue. We hope our new look will increase readership and readability along with your pride for our community. We welcome your feedback and insights into how we can continually improve *TNP*.

Honored, Encouraged, and Committed,

Cmdr. Arlene Saitzyk arlene.saitzyk@usmc.mil

Lt. Kyle Bandermann kyle.m.bandermann@mail.mil



"The rank abbreviations are all wrong! What gives?!"

Great catch! The DoD instructions on visual information require public affairs to be standardized. See DoDI 5040.02 for more information.

# PROMOTION THE PURPLE SWORD AND PEP

## Capt. John A. Ralph

This issue of *The Navy Psychologist* is dedicated to the topic of training and mentoring our early career psychologists. This is clearly an important subject. In fact, it might be the most vital issue facing our community today. By most measures, Navy Clinical Psychology is thriving. While the rest of the Navy (and Navy Medicine) are downsizing, we are growing. Everyone wants a Navy psychologist—the submarine community, Marine ground forces and logistics groups, and an increasing number of other operational commands. We are growing because we have proven ourselves to be effective. Ironically, however, we are not promoting as successfully as other Medical Service Corps communities.



So what's going on? How can our demonstrated success as a community not have led to higher promotion rates? I believe one reason is that it's not enough to be a good psychologist. While being an informed and skilled clinician is necessary to being promoted as a Navy psychologist, it is not sufficient. This is an important fact that every junior psychologist should know: much of what we've trained you to do won't help you make the next rank. You can be the greatest psychologist in history—Freud, Rogers, and Dr. Phil rolled into one!—but what you do in the confidentiality of sessions behind closed doors can't adequately be communicated to the promotion boards. You need to be more than a psychologist; you need to become a trusted, visible, go-to member of the command.



So how does one do this? I think most of us know that it's important to become familiar with command activities and participate in command-wide evolutions. However, becoming a trusted "teammate" might also involve some pretty unusual experiences. For instance, when I reported to Marine Barracks Washington, DC in 2004, I didn't know what to make of the place. While

the job involved presidential support duties, the environment was heavily geared toward the ceremonial mission of the Marine Corps. Ceremonies were all-hands evolutions, and I was pretty lost on how to fit in with this culture. I got a great turnover from my predecessor (a Lt. Cmdr. Scott Johnston—not sure whatever happened to him), but I still didn't know what to make of this new environment. How does one succeed in such a place? Believe it or not, one way I solved this was by signing up for the Barracks' ceremonial drill school. I spent three weeks that first winter learning how to march. I sliced my face with my sword three times! I still have a scar. It felt ridiculous, and it had nothing to do with psychology at all. When it was over, during a command-wide formation, the Commanding Officer (CO) presented me with the "Purple Sword" award, given to the graduate who injures himself the most in training. Everyone clapped and laughed at my expense.



So what's the point—besides the one on the end of the sword? The point is that by marching around for three weeks, I showed that I had bought into the command's purpose. I was a full member of the unit, a full participant in the mission (no matter how unusual the mission was). I wasn't merely a consultant to the command, I was *part of* the command. This paid huge dividends. The CO knew me, he'd seen what I had done, and even though marching had nothing to do with my skills as a psychologist, it led to an increase in my credibility as one. When I made recommendations to the CO, he accepted them more readily because I was part of the team. The members of the command also were more inclined to take advantage of the services I had to offer, because I had been through something similar to them. I was more relatable. I had paid my dues.



I think this is the secret to not only getting promoted as a military psychologist, but to being a successful military psychologist. Anyone who has served in an operational environment has seen this. Immersing yourself

in the unit endears you to leadership, and reduces the reluctance of members of the command to seek you out. This holds true even if this immersion takes the form of marching around a Washington, DC parking garage for three weeks.



Let me offer another example. I am currently stationed at the United States Naval Academy (USNA) as the Director of the Midshipmen Development Center. We're basically a student counseling center on steroids. With me is a "junior" psychologist whose name I'll withhold to protect the innocent—let's just call him a generic name like "Lt. Matt Johnson." Matt is a fantastic and extremely knowledgeable psychologist. He knows about a lot of stuff with a lot of acronyms—like EMDR and CDP. He can talk about things like "countertransference" and "object relations," and use these terms in casual conversation. He sees a lot of patients, and many of them actually get better! He even gave a lecture last month on "pragmatic psychodynamic psychotherapy." I know right? What an oxymoron! Matt recently got a phenomenal Fitness Report (FITREP) from the Commandant of Midshipmen, a Marine Corps Colonel who doesn't suffer fools gladly. How did Matt get this? Is it because of his extraordinary psychology skills? Not at all. It was because of PEP.



PEP is the Physical Education Program conducted during Plebe Summer, the first introduction to the school and officer candidacy for new students at USNA. Six mornings a week the plebe class is gently awakened at 0530 and called to the drill field, where they run and do calisthenics for the next 90 minutes. As the designated "Plebe Summer Regimental Psychologist," Lt. Johnson became a frequent presence at PEP. The plebes got used to seeing him there, and more importantly, so did the staff. He also attended daily staff meetings over the summer, something a psychologist had not done previously. In doing this he transformed himself into a full member of the Plebe Summer Team. He became aware of almost every personnel issue in the class, and was able to offer informed recommendations that were readily accepted.



Last November I attended USNA's FITREP ranking board for lieutenants. These ranking boards are something every junior officer should know about. At most large commands, leadership convenes to rank those being evaluated. These ranking boards determine who gets which promotion recommendation—EPs and

MPs—and who gets a "soft breakout statement," etc. These boards are sometimes contentious, with various command representatives lobbying forcefully for their people to get the higher rankings. I attended this meeting prepared to make a strong case for Lt. Johnson. I was going to say something like "Hey I know you guys don't know him, but he actually does phenomenal work." Unfortunately this is something that has to be said about a lot of psychologists during these ranking boards, because so many of us are stuck in our offices seeing patients. However, I never got the chance to say this about Lt. Johnson. As soon as his name came up, the various Battalion Officers started to sing his praises. "Matt was great at PEP!" "He was a phenomenal part of the team – we couldn't have done it without him." It became a foregone conclusion that Lt. Johnson would get one of the highest FITREPs of any lieutenant at the Naval Academy.



The lesson here is simple. Avoid those situations where your boss has to say "I know you don't know her, but trust me she's great." In other words, to get promoted, you not only have to impress your boss, you have to impress other people's bosses. I'm also not suggesting you become unbalanced. Earn Purple Swords and participate in PEP but neglect your primary clinical duties and you risk not getting a mediocre FITREP, but one showing significant problems instead. While being a good therapist is at the heart of what we do, and while it must continue to be our focus, leaders simply must encourage junior psychologists to get out of the office and become known to other leaders throughout the command. Junior psychologists should be on the alert for any opportunity to do this. I know it's challenging. It's easy to put this stuff on the back burner when faced with increasing demands for patient care. However, putting such things on the back burner is likely a primary reason for our low promotion rates in recent years. Consider this: healthcare administrators get command-wide visibility simply by doing their jobs, and other clinicians likely interact with leadership in the course of their clinical work much more than we do—even COs need their eyes checked. In order to be visible, we have to do more than our basic job description.



By the way, it's not just about being promoted. Just like Lt. Johnson's contribution, becoming a full participant in the mission of your command leads to better patient care, and better unit readiness. So get out and about, but be careful—those swords are sharper than they look! 🤡

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## FOUR WISE MEN

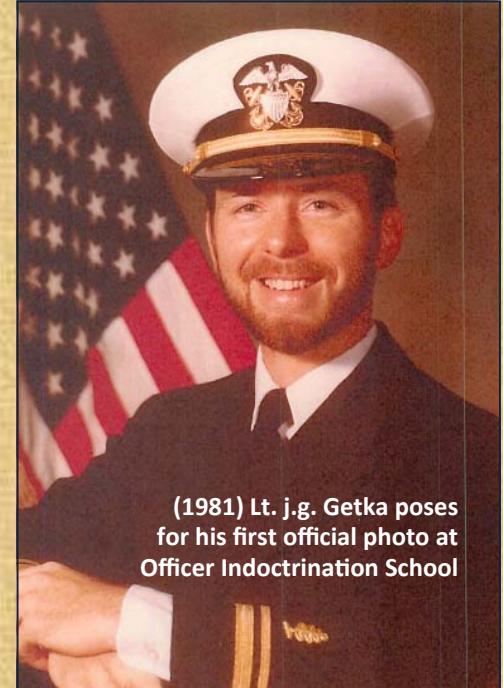
**Our training programs are successful in large part due to our Directors of Training (DOTs).  
The Navy Psychologist sat down to gather wisdom from the brightest minds this side of the fleet.**

Capt. (Ret.) Eric Getka, National Training Director

Capt. (Ret.) Dave Mather, DOT at Naval Medical Center San Diego (NMCSD)

Capt. (Ret.) Richard Bergthold, DOT at Walter Reed National Military Medical Center-Bethesda (WRNMMC)

U.S. Public Health Service (USPHS) Cmdr. Michael Franks, DOT at Naval Medical Center Portsmouth (NMCP)



(1981) Lt. j.g. Getka poses for his first official photo at Officer Indoctrination School

**The Navy Psychologist (TNP): What do you appreciate as the biggest difference between the trainees of today and your time in the pipeline?**

**Eric Getka (EG):** The similarities far outweigh the differences. We have consistently selected and matched with highly intelligent, highly motivated trainees, the majority of whom have a strong desire to serve their country and challenge themselves in the process.

**David Mather (DM):** Wow—we were so *green* in terms of clinical experience back then! That was a time when the majority of graduate schools still focused very predominantly on science fundamentals, with a smattering of applied clinical work, and trusted you'd use that science to learn how to practice on internship. Today, it'd be a miracle if I made the "Match" list for the internship I direct.

**Michael Franks (MF):** Yes, I sometimes wonder how competitive my "record," then would be with theirs, now!

**Richard Bergthold (RB):** I would say trainees are better prepared to work with military-specific populations. They have much better tools for treating combat trauma, for instance.

**DM:** The flip side is, it worries me how green many internship applicants are today in terms of the fundamental science of psychology. I think mastery of those scientific underpinnings is a lot more variable than "back in the day."

**EG:** The demographic profile of our training classes has shifted over time to include a greater proportion of female trainees, mirroring the increased number of women entering the profession at the doctoral level. It is very gratifying to see increased diversity among our trainees in other aspects as well.

**MF:** Although there remains a hierarchical relationship, there is much more of a demand signal from the trainees for collaboration between the faculty and the trainees than I remember having. While the trainees are respectful and follow traditional courtesies, they seem much more comfortable and open with authority figures, and expect access to and more consideration from authority—and perhaps that is a good thing. On a whole, the trainees are competitive, ambitious, and have early impressive accomplishments. They are also much more socially engaged and socially progressive than I was at that same stage of my professional development.

**RB:** I also would say they have a better understanding of the commitment they are making to the Navy—the demands of deployment, operational psychology, demands on personal life, family, etc. This is one of the traits I most admire about incoming Navy psychologists—they have some idea of the extraordinary cost, and yet they come in anyway.

**TNP: Tell us about one of the proudest moments you've had in your position.**

**EG:** We have a good track record of filling our training positions with our highest ranked applicants. Getting high-quality trainees into the Navy makes our community strong. I take pride in having a part in that.

**RB:** The greatest sense of accomplishment I get is in seeing our graduates succeed—getting licensed, board certified, taking on leadership roles in the community, etc.

**MF:** I often receive compliments about the NMCP interns from other providers in the Mental Health Department, providers from other disciplines, or Line commands. It is heartening when other people take time out of their busy schedules to send an unsolicited message regarding their favorable impression of the interns.

**DM:** Capt. Shannon Johnson being selected as the next Executive Officer of NMCSD. She graduated in my first NMCSD intern class. I distinctly remember saying, "We'll all be working for this kid someday."

**TNP: If you could select a single clinical skill or professional competency to be put in a form trainees could "download" instantly on their first day, what would you give them?**

**MF:** We stress in our training programs that competency across the board is important and we have specific competencies that we train to and evaluate. However, no matter how technically sound and competent an individual may be, all can be overshadowed if his or her interpersonal skills are lacking. As Cmdr. Joe Bonvie so aptly states, "It is important to be a good Navy psychologist, but you have to be able to play well in the sandbox."

**RB:** Wisdom to distinguish between the truly important and the less important.

**DM:** Focus on how we as psychologists understand people broadly before thinking about assessing and treating psychopathology. It's the ability to think as psychologists first, and then as clinical psychologists second, that helps us apply new approaches, understand those approaches in a coherent theoretical context, and adapt those approaches to novel military practice situations that were very clearly *not* considered in the randomized clinical trials.

**EG:** Superior time management skills. As anyone who has been in one of our training programs knows, they are intense. Having well-developed time management skills helps stave off that feeling of being overwhelmed. As a close second, I would say the ability to write quickly and well.

TNP: Though your current contributions are as civilians and a USPHS officer in charge of our training, you've all served in the Navy and three of you are retired Captains. What do you miss most about being in a Navy uniform?

RB: Being a part of the great stuff our community is doing and supporting young officers as a senior officer—mentoring. We get to do that as Program Directors, but it doesn't necessarily have the same kind of impact.

DM: The broad leadership opportunities that extended outside mental health. It's hard to find those as a civilian psychologist, in or out of the Department of Defense. The U.S. Navy Reserve offered me the opportunity for three command tours, and a tour as regional Reserve medical director of the Pacific Northwest. Figuring out how to apply all those scientific principles of psychology to influencing major "corporate systems" was an exciting challenge and enormously rewarding.

EG: I miss the pride that comes with wearing the uniform at work and in public. In all honesty, it is easier to get things done in a military organization when you're wearing a uniform and especially if you've acquired a bit of rank. There is a certain degree of invisibility that comes with being a civilian embedded in a military culture.

MF: Bethesda and San Diego are fortunate enough to have two extraordinary retired Navy Captains in charge of the training programs—NMCP has me. Rather than having a retired Captain at the helm, I am a prior active duty Navy psychologist and currently an active duty USPHS officer. I am a hybrid of sorts: I offer a uniform presence, but have the geographical flexibility to remain on station to provide stability to the training program. I remember I was just a few weeks out of my Navy internship when I was called by POMI (Plans Operations Medical Intelligence) one Thursday afternoon. I was informed that I would be deploying that coming Saturday, and I left for deployment the day after Christmas. Four months after returning from my first deployment, I deployed again for another year. Believe it or not, I miss that the most! There was always something super cool to do.

TNP: If you were your own Director of Training 20 years ago (we're being generous), what piece of guidance would you give yourself?

DM: Yeah, you are being generous — thanks! Thirty-eight years ago I would have told me to assume that the practice of Navy psychology would be *vastly* different, and that I better learn more about resilience, more about what helps people thrive under stress, and how to apply that within military systems outside of Navy Medicine.

RB: Jump in with both feet—or, as Vice Adm. Nathan [Retired Navy Surgeon General] used to say, "Go all in."

EG: Keep your eye on the ball and have as much fun as possible in the process.

MF: Simple: be an asset to your command, colleagues, and customers.

TNP: What are the traits you most admire in new trainees and candidates?

RB: Wisdom, critical thinking, kindness, and an understanding of what it means to be a shipmate.

MF: Bright, competent and low drama.

DM: Professional curiosity, motivation to think, learn and apply new stuff, willingness to engage in vigorous/healthy debate, interpersonal professionalism, and commitment to teamwork.

EG: Quiet self-confidence. Humility. Openness to constructive criticism. A sense of humor respectfully expressed. Genuine curiosity. Good organizational skills. Concern for the well-being of one's shipmates.

(Right, from left to right), Bob McCullah (former National Training Director), Dave Mather, Eric Getka, Rich Bergthold, Marvin Podd (former DOT at WRNMMC), and Capt. Johnston share a meal

TNP: What brings your leadership position in our community the most value to you personally?

MF: I am a military brat who comes from a long line of service on both sides of my family. On September 11, 2001, I was in my doctoral training program. It was that event that propelled my own sense of service. The opportunity to become a Navy psychologist and serve our country on multiple deployments during the height of the subsequent operations has made for experiences that I never would have imagined for myself. Now I am a bit more senior and have been entrusted with the task of training the next group of junior psychologists. I do not take that trust or task lightly.

RB: Feeling like I continue to contribute to the growth and development of one of the most distinguished professional communities in the Medical Service Corps.

DM: Giving back—being able to, hopefully, replicate for our folks today something approaching the training and mentoring I got from people like Bob McCullah [National Training Director Emeritus].

EG: The opportunity to interact with and learn from our DOTs. It is a privilege to know all of them and, when the opportunity allows, to enjoy their company. They are the propulsion system that makes Navy psychology training go. I have tremendous respect for each of them.

TNP: Wow—Thank you for taking the time. I hope we can all aspire to have the impact on our community the four of you have had. Any other thoughts, guidance, or words of advice you have for Early Career Psychologists?

RB: Reach out to peers, mid-level officers, and senior officers in order to develop your skills as a clinician and officer. Make a priority of developing your career reputation—it is likely the most precious attribute you possess in the Navy.

DM: Okay, a "soapbox" opportunity! Be careful what you ask for! Know the science that drives our professional and community standards of care, and use that science to advocate for those standards in our practice. An operating room and surgical team is reserved for, give or take, an hour for an appendectomy and a whole bunch of hours for a heart transplant. That doesn't just happen because the CO said so—it's because the science of doing those procedures and getting good outcomes dictates an expected time frame. Nobody tells surgeons, "From now on, you're doing appendectomies in a half hour." I'd suggest we need to argue for our standards of care in precisely the same way. We need to be able to quote empirical references—preferably recent ones—and be prepared to provide copies if asked. Our colleagues in medicine and nursing (and thus in hospital leadership) understand the science of physical medicine, but often know very little of ours. Effectively advocating for our standards of care will be enhanced by giving our multidisciplinary leadership colleagues that understanding.

EG: No matter how long you are in the Navy, you can take pride in having served for the rest of your life. All psychologists who help patients do meaningful work. The work of Navy psychologists has extra meaning because it also contributes to the security of the country.

MF: When I was in Iraq it looked like I might potentially be extended to roll over with the next unit. I recall meeting with the Force Surgeon who was involved in determining my fate. I politely and respectfully asked him if he had any update for me. He put his hand on my shoulder and said, "Just be flexible and hope for the best." Greatest advice I have ever received. 



## Mentorship for Navy Clinical Psychologists

If you would have asked me as a 19-year-old Seaman Recruit if I was going to be a “lifer,” I would have most likely told you, “No, I’m getting out at the end of my enlistment.” Then a Chief Petty Officer saw something in me, mentored me, and helped me apply for an officer program. In the 20 years since then, I’ve had a varied career from enlisted to Surface Warfare Officer (SWO) to Psychologist. From purchasing my first car, to taking care of my Sailors, writing a proper Fitness Report (FITREP), to coping with a miscarriage, I’ve turned to different mentors for different aspects of my career and life and to show me work-life balance. I have had a successful Navy career in large part because of the exceptional mentors in my life and their sage guidance.

Professional growth, training, retention, and promotion of our personnel are critical for the continued success and viability of our community. Mentorship is vital to ensuring we are properly guiding, growing, and supporting our talent. Establishing a mentor program to facilitate this is a high priority. Yet this has been challenging for our dynamic and spatially vast community. A decade ago, the community launched a formal mentorship program, where junior personnel were each assigned a mentor. This produced mixed results due to geographic distance, inability to interact face-to-face, and occasionally distinct career interests. This early mentorship program was eventually discontinued.

In 2015, while facing community retention and promotion issues for our junior psychologists, a two-pronged approach to mentorship was developed focusing on early-career psychologists (ECPs). One emphasis focused on professional growth of Uniformed Services University of the Health Sciences (USUHS) students, with the other focus on establishing mentors for the overall ECP community. One venture supporting the first prong saw the USUHS students participating in their first week-long fleet exposure in February 2016 with the support of USUHS faculty, several embedded psychologists, and other fleet resources. The students toured multiple aircraft



(1996) Then Seaman Recruit  
Calvio poses for her first  
official photo

carriers, a submarine, helicopter squadron, fighter jet squadron, and expeditionary squadron. The students sat in the Skipper’s cabin and discussed the importance of embedded mental health with the Commanding Officer of the Pre-Commissioning Unit USS GERALD R. FORD, (CVN-78). They talked with panels of diverse Navy psychologists, psychiatrists, social workers, Flight Surgeons, and Independent Duty Corpsmen, and learned nuances among fleet platforms, and the role of embedded and hospital based behavioral health. In addition, the students networked with potential new mentors and began connections that resulted in new externship/training sites in operational settings.

While building the second prong of the mentorship program, a survey of the community indicated that the majority of Navy clinical psychologists preferred an informal mentorship process. As a result, a roster with pertinent information on perspective mentors (e.g., history of deployments, duty stations, additional qualification designa-

tors, interests, contact information) was developed and placed on MilSuite. While this informal mentor program was a move in the right direction, it was heavily focused on ECPs and it was not sufficient to meet all of the mentoring needs of the dynamic and growing Navy Clinical Psychology community.

In 2016, the Medical Service Corps (MSC) Director's Office launched the eMentor program on MilSuite. This program provides a framework where MSC officers build a profile that identifies specialties, areas of strength, and interests and, based on that data, an algorithm produces a mentor or mentee recommendation upon request. Given the limitations of our "Mentor Roster" approach, compared to the expansive nature and ease-of-use of the eMentor program, our community has shifted this direction. All members of our community are encouraged to establish a profile. The more profiles established, the more robust the results for those seeking a mentor or mentee.



Click here to watch an overview of program  
<https://www.milsuite.mil/book/docs/DOC-210424>



Click here to create an eMentor profile  
[https://www.milsuite.mil/wiki/Navy\\_MSC\\_eMentor](https://www.milsuite.mil/wiki/Navy_MSC_eMentor)

Having exceptional mentors often requires openness to feedback, self-reflection, engaging others, listening, and recognizing what works for you and what isn't a good fit. Given my personality, I have a combination of fervent cheerleaders and individuals who dish out critical feedback as mentors. My mentors are diverse in demographics and military/professional experiences. This combination works for me and allows me to have a wide and balanced approach to my strengths and weaknesses as a career Naval Officer, Psychologist, wife, mother, and woman. "Know thyself;" this can help you establish a group of mentors that you need in order to create your successful balance.

Some mentor-mentee relationships occur naturally as you interact with different professionals throughout your career and life. There may be other times or situations where a "right fit" mentor isn't readily available. In those cases, the formal eMentor resource on milSuite may assist in filling the gaps.

Once you've begun to establish your mentor-mentee rela-

tionships, navigate your individual comfort levels and establish clear roles. Starting a mentorship relationship may begin with a discussion of the mentee's background, career and life interests, and goals. Common ways to use mentors are for record reviews, FITREP guidance, duty assignment discussions, and collateral duty recommendations. Some mentor-mentee relationships remain static, while others may grow in depth and scope of guidance. Don't be afraid to ask for help.

### 21<sup>st</sup> Century Sailor Mentoring Program

[http://www.public.navy.mil/BUPERS-NPC/SUPPORT/21ST\\_CENTURY\\_SAILOR/  
DIVERSITY/MENTORING/Pages/default2.aspx](http://www.public.navy.mil/BUPERS-NPC/SUPPORT/21ST_CENTURY_SAILOR/DIVERSITY/MENTORING/Pages/default2.aspx)

### Johnson & Anderson (2015) Navy Mentoring Article

[https://www.usnwc.edu/getattachment/06805d52-33ce-49dd-9591-4e026b5f1140/  
Mentoring-in-the-U-S--Navy--Experiences-and-Attitu.aspx](https://www.usnwc.edu/getattachment/06805d52-33ce-49dd-9591-4e026b5f1140/Mentoring-in-the-U-S--Navy--Experiences-and-Attitu.aspx)

As a proud Navy geek, I am partial to a SWO metaphor: mentors are like buoys guiding you through the often choppy and ever-changing waters of Navy life. However, in order for the buoy system to be effective, you need to know where you are (i.e., who you are). I encourage you to reflect on who you are, where you are, where you want to be, and reach out for mentors who can guide you there.

We are continuously striving to improve mentoring within our community. If you have any feedback or ideas, please contact me at [Lisseth.C.Thomas@mail.mil](mailto:Lisseth.C.Thomas@mail.mil). 



Lt. Cmdr. Thomas in  
the George H. W. Bush  
War Room

# Lt. Anna C. Crosby From Trainee to Staff Psychologist



The transition from trainee (i.e., intern, postdoctoral fellow) to staff psychologist is a rewarding yet challenging experience, particularly for individuals serving in the Armed Forces. Navy early career psychologists are expected to hone newly developed clinical skills while also learning new military specific roles. I find balancing these competing responsibilities is what makes Navy psychology so unique.

Following graduate school, I completed a civilian internship at Arkansas State Hospital. I began my journey in the Navy as one of two postdoctoral fellows at Naval Medical Center Portsmouth (NMCP). I am currently serving as the Department Head of Behavioral Health at Naval Health Clinic Patuxent River (NHCPR). Throughout my transition from trainee to licensed clinical psychologist, I have learned valuable lessons on the importance of consultation, balancing the roles of Clinical Psychologist and Naval Officer, and the significance of self-care.

## Supervision No More!

Internship is a particularly important time for identity formation and role development. During both my internship and postdoctoral training years, I received a tremendous amount of support, direction, and feedback from clinical supervisors and peers. I was given adequate space and time to learn about myself and incorporate those self-reflections into my work with patients. Although I often detested the long hours of supervision, having a competent clinical psychologist essentially take responsibility for my work was comforting. After leaving NMCP, I passed my licensing exam within several months of arriving to my first duty station and became a full-fledged clinical psychologist. Supervision ended, and I was expected to rely

on my own clinical judgment. I had to make important decisions about fitness for duty, and the future of a service member's career without the final approval of a clinical supervisor.

Although the signature at the bottom of the page changed, the amount of support I received didn't. Throughout this transition, I quickly learned the importance and value of *consultation*, the formal process of support between peer professionals. I learned that when consulting, you are no longer asking for approval but seeking guidance from an experienced colleague. I still recall consulting on one of my very first cases with Dr. James Reid, a civilian psychologist. It was a command directed evaluation and I knew that my recommendation could potentially decide the future of the service member's career. I remember feeling extremely nervous but what brought me comfort was the tremendous amount of confidence that my colleague had in my clinical abilities and decision making skills. My colleague normalized my uneasiness and gave me the confidence I needed in that moment to present my recommendations to the command. It's relieving to know I am not expected to "know it all" after completion of my training years and that continuous consultation with colleagues is essential. I am still unsure about some of my clinical and administrative decisions, and that's okay because I have support.

## Naval Officer or Clinical Psychologist?

What I valued most about my time as a trainee is that I was expected to focus 100% on training. Upon arrival to my first "real" duty station, it became apparent that, although my primary role was to treat patients, I was also expected to perform other duties that are required of a junior naval officer. I was "strongly encouraged" to take on multiple collateral duties. "You must be able to demonstrate your value to the Navy outside of your primary duty," said every senior Medical Service Corps officer. As an early career psychologist, I often find it difficult to balance "being a good naval officer" with mastering the craft that required eight years of preparation. Which role takes precedence? Although, I have not found a sufficient answer to this question, I have attempted to seek balance through soliciting honest feedback from both civilian and military colleagues on my performance as a naval officer.





Lt. Crosby (right) and colleague find some time to stay fit!



and staff member. I also do weekly “self-check-ins” where I reflect on both roles and evaluate whether or not I am steering too strongly in one direction or the other. Having military and civilian mentors, both within and outside the field of clinical psychology, has also been extremely beneficial. Receiving guidance from senior officers who have “been there—done that” provides me with valuable lessons learned as well as the encouragement and reassurance that both roles can be competently fulfilled. What has become most obvious is that this requires stellar time

management, strategic selection of collateral duties, and the wherewithal to speak up when things are becoming overwhelming.

### Prioritizing Me

I recall feeling stressed-out many days as a trainee, having to juggle my clinical caseload, presentations, supervision, and ongoing personal stressors. I must admit, taking care of myself was not high on my priority list. As a staff psychologist, I have matured and come to realize that prioritizing self-care is an essential investment. Though we may be subject matter experts on burnout, we are not immune from its effects. I now choose to prioritize sleep, healthy eating, physical fitness and establishing strong social connections. I have incorporated self-care into my weekly work schedule through participation in what my department calls the Lunch Buddy Club (LBC). The LBC is simply a group of co-workers who get together on Wednesdays to eat and talk about anything *other* than work. This once weekly encounter has strengthened our workplace bonds and gives us an important outlet to vent, laugh, and take a break.

The transition from trainee to psychologist is challenging but the close-knit Navy psychology community, finding balance in my roles, and setting realistic expectations have helped me stay on track. 



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# Cohorts: Competitors & Catalysts

*the Anonymous Lieutenants*

An article with anonymous authors in a professional publication? The names have been changed *not* to protect the innocent; and no, rest assured, this won't involve any unprofessional material. Rather, we would merely like the focus of this piece to be on the lessons we've learned rather than self-promotion or the promotion of any specific training program, Director of Training, or even branch of service or profession, for that matter.

Our short time in the Navy thus far has proven full of mistakes, successes, shortcomings, and an incredible amount of learning. But for us, the greatest growth derived from learning the value of a cohesive group. Though we first observed the effects of group cohesion on personal and professional growth within our training cohort, this is true across internships, postdocs, or clinic staff groups as Licensed Direct Accessions or senior Staff Psychologists.

**"A cord of three strands  
is not easily broken,"**

remarked the writer of the Ecclesiastical Book of Wisdom. Our supervisors seemed to recognize this in our cohort—or, at the very least, made us believe that the cohesiveness was present and observable, and issued that feedback freely and openly. And, like the veracity of the self-fulfilling prophecy, there it was: we worked. We studied. We argued about the validity and efficacy of our various cognitive-behavioral and psychodynamic approaches. And it wasn't always easy; we are conditioned from the day we commission to look ahead at the next hurdle and behind at those trying to beat you to it. But then we stopped: we played. We partied. We argued about each others' strange habits. We attended each others' weddings and we supported each other through divorces. We weren't competitors—we were catalysts.

This cohesion didn't develop intentionally to buck the status quo. In fact, it was surprising to us some years later when we were told not every training cohort was so cohesive. Why not? In a training status, you're not eligible for military awards, your FITREPs are mostly unimportant, and the standards for success are static and clear; you're in a 'protected' status where the focus remains almost exclusively on becoming a great military psychologist,. It's a stationary finish line you're all trying to reach at the same time—not a record time. As such, it appears to us to be more of a team relay than an individual race. Moreover, this appears to be the best time to develop this cohesiveness without reservation or distrust, without counting points or keeping score. At the time, it can be a great mechanism for coping with the stressors of internship – the workload, the endless amounts of information to learn, the constant, nagging anx-

iety characteristic of imposter syndrome—but it can also be incredibly important to carry with you to your first "real" duty station. This has proved true for us. We have positive, professional relationships with our corpsmen. We are committed to collaboration and mentorship. Our clinics and hospitals have serious challenges, but we can be found in cohesive groups that eat lunch together, laugh together, and see each other as teammates, not as opponents who might steal our sacred stellar EP. We take pride in each other being successful. We carry those simple lessons learned during internship about collective success and collegiality and we apply them in broader, valuable ways every day as we continue to progress through our careers as psychologists and as Naval officers.

While the costs were few, the payout was immeasurable. We started as six Lieutenants. Regardless of the level of success each of us has over the three, twenty, or thirty years that followed, none of us will wear these uniforms forever. We are doctors, we are helpers, we are people, and we are friends. We are spread out all over the globe, but we text and email each other constantly. We are proud to wear these uniforms and proud of the work we do. But in the end, the Navy will never contribute as much to our lives as we contribute to it—no amount of dollars paid, adventures completed, or new uniforms adorned could outweigh the value of our relationships we have with each other. We don't believe that will detract from our success—that will be our success.

Disregard the possibility of any "Pollyanna"-ish ignorance. We acknowledge that our community is filled with subject matter experts on interpersonal styles and, as "research is me-search," we know that we are sometimes an odd bunch of quirky personalities. But we are also the experts on *facilitating healthy* interpersonal expression. Shouldn't we, then, be expected to have some of the best working relationships, the best clinics, and the most successful team projects? Perhaps we as clinicians are so often enthralled with the pathology we see on a daily basis that we begin to see it illusorily in our coworkers. Alternatively, maybe we as clinical psychologists—trained to evaluate and treat some of the most severe dysfunction—become somewhat professionally "bored" with our relatively healthy population. Those may well be points for further research (or me-search) on the topic. But whatever the source, this is an appeal to find a way to bring our expertise to full fruition in our own community.

For our earliest career psychologists, to those beginning internships next Fall or those considering interviews or DA commissions, we hope our thoughts inspire you to work together. For those of you who are long past that stage, we hope you find ways to build each other up. Maybe you even hope or suspect this tale is of *your* first cohort. If that becomes a common reality—that this appears to be the norm rather than the exception—Navy Clinical Psychology is certainly in for a prosperous future. 

# *Identity Development of Early Career Military Psychologists*

Lt. j.g. Kyna Pak

## **The Question**

How do early career psychologists (ECPs) develop a cohesive professional identity? How does one develop into an effective military psychologist? Members of the Society for Military Psychology, Division 19 of the American Psychological Association (APA), define themselves as “psychologists who serve diverse functions in settings including research activities, management, providing mental health services, teaching, consulting, work with Congressional committees, and advising senior military commands<sup>1</sup>. ” There is an inherent dual-role nature for our profession: military officer and mental health provider/consultant. So how do we integrate these two roles? This article comes from my own perspective as a clinical psychology graduate student at the Uniformed Services University of the Health Sciences (USUHS; the medical school of the Department of Defense), wrestling with the questions above in an effort to better understand my professional identity formation process.

## **The Identity**

Merriam’s “prime metric” describes four elements necessary to be considered a professional<sup>2</sup>: (1) lengthy formal education, (2) specialized training followed by apprenticeship and continuous education, (3) autonomy within a community to regulate their own standards of practice, and (4) a commitment to public service beyond the economic welfare of the individual. All four elements of the prime metric exist in the professional identity of a military psychologist. The fourth element is intrinsic to choosing to serve in the care of others (scientist and practitioner) and in service to our nation (military officer).

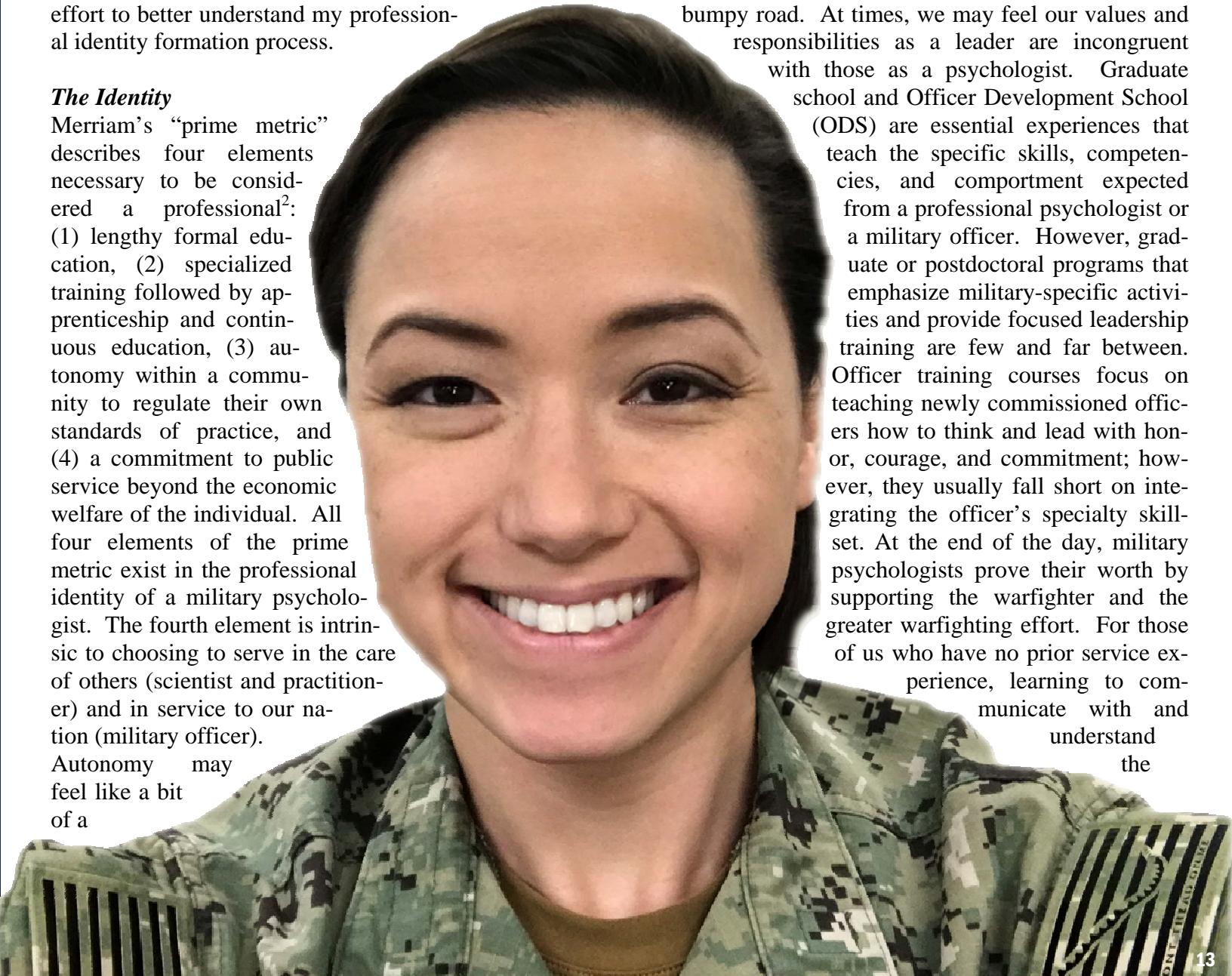
Autonomy may feel like a bit of a

struggle while we wear the uniform as a piece of a larger military system. Alternatively, as psychologists, we belong to a self-regulating profession with standards of practice and ethical guidelines<sup>3</sup>. Military psychology is under particular scrutiny, which makes our self-policing even more imperative. The remaining two elements—formal education and specialized training—are more personalized to the individual ECP with regard to the process of forming an integrated professional identity. Like most opportunities for growth, challenges abound. I hope reflecting on some of my personal experiences through these educational and training experiences helps demonstrate the process for others on the journey.

## **The Challenge**

Donning the proverbial hat of healthcare provider then military officer and back again can feel like a disjointed, bumpy road. At times, we may feel our values and responsibilities as a leader are incongruent with those as a psychologist. Graduate school and Officer Development School

(ODS) are essential experiences that teach the specific skills, competencies, and comportment expected from a professional psychologist or a military officer. However, graduate or postdoctoral programs that emphasize military-specific activities and provide focused leadership training are few and far between. Officer training courses focus on teaching newly commissioned officers how to think and lead with honor, courage, and commitment; however, they usually fall short on integrating the officer’s specialty skill-set. At the end of the day, military psychologists prove their worth by supporting the warfighter and the greater warfighting effort. For those of us who have no prior service experience, learning to communicate with and understand the





priorities and needs of line and support units can be a challenge. As psychologists, we attend conferences and workshops to earn continuing education credits, sharpen our skills, and learn from researchers and clinicians making cutting edge contributions to advance the field. Yet, at what point and through what means are we sharpening our understanding of the needs and priorities of the organization for which we work and finding ways to effectively communicate with that organization?

### ***The Process***

Two theories from social psychology provide some direct application. Stryker and Serpe found that an increase in the salience of a particular identity corresponded to increased engagement and commitment to activities and relationships associated with that role<sup>4</sup>. When we spend more time immersed in patient care, our focus and efforts will turn toward our healthcare provider role. When we spend time engaged with the crewmembers, Marines in the field, and in operational roles, we increase salience of this military identity and behave in a corresponding manner. Tajfel and Turner's social identity theory proposes that a portion of an individual's self-concept develops from the groups to which that person belongs, and this identity affects interactions with others<sup>5</sup>. Some of our most seasoned Navy psychologists have suggested that having a cohesive identity reduces the sense of dissonance between the two roles. so we must find a balance between our clinical and military officer roles in our work calendar.

A simple metaphor can be borrowed from strength training: "Don't skip leg day." You know what I'm talking about. When we overdevelop in one arena, we risk injury and/or looking insufficiently trained in the other. Just as we spend at least five years developing our identities as psychologists, it is imperative that we practice due diligence developing into competent military officers. Meanwhile, we must remember to also stay in our lanes and not practice beyond the scope of our military competence.

To gain a greater understanding of our military identity, we must *choose* to dig deeper into our command's culture and devote time to acquiring a better appreciation of the broader mission. Enhancing our military identity can be accomplished a number of ways. First, seek to gain exposure to our jobs early in our training or careers. USUHS and internship programs have coordinated their own "Fleet exposure" experiences in the local areas to encourage our newest junior officers to witness firsthand how psychologists address the needs of a variety of Navy and Marine commands (e.g., riverine units, aircraft carriers, and submarine squadrons, Marine Special Operations, and other Marine ground units with embedded psychologists). During our most recent excursion with the USUHS students, I repeatedly heard simple and valuable advice: "Get out of your office, walk the spaces, get to know your Chaplain, and communicate with your Commanding Officer (CO) and Executive Officer (XO)."

As mentioned in other articles in this issue of *The Navy Psychologist*, find mentors within our community and seek out opportunities to grow to develop your identity as a Navy psychologist. Lt. Cmdr. Lisseth Thomas has been an incredible advocate as a coordinator for "Fleet exposures" and mentorship. Capt. Carrie Kennedy, and Cmdrs. Arlene Saitzyk, Melissa Hiller Lauby, and Ken Sausen have all been instrumental in providing on the job training (OJT) experiences to myself and other USUHS students over the past three years as practicum supervisors. I have found these summer clerkships especially helpful as they allow students opportunities to function as embedded professionals, as clinicians, and as operational psychologist trainees. If you are a Health Professions Scholarship Program (HPSP) recipient, I recommend going to ODS early enough to spend annual training time learning from officers in the Fleet.

Lastly, foster relationships with line leaders and other specialty officers with whom you can discuss ideas and ask questions. A good friend taught me, "Prepare for your meeting with the CO. Read the Commander's intent, mission, and key tasks of the CO and their subordinate leaders. Schedule a meeting with them to understand their expectations of the psychologist and to engage in discussion as to how you can contribute to the mission." Non-psychologist military friends and colleagues have shared perspectives and wisdom I may never have gained through personal experience or training.

Military psychology demonstrably meets the four elements of Merriam's prime metric of education, continual professional development, relative autonomy, and com-

mitment to service. Navy ECPs may choose to work toward integrating their roles as officers and clinicians into a cohesive professional identity. The diverse backgrounds and knowledge of our Navy psychology community is an incredible asset. With a focus on the greater mission – the defense of our nation – an integrated identity of military officer and clinical psychologist is a powerful weapon in the fight. 



**(Top, Left)** Lt. j. g. Viktor Koltko tries on flight gear during a “Fleet exposure” experience with USUHS. **(Top, Right)** Ensign Julia Garza wearing Kevlar and flak . **(Bottom)** USUHS students spend time with the Marines of Regimental Combat Team Two. **(Page 14)** USUHS students and Lt. Parker with Commanding Officer and Company Commander at Marine Air Support Squadron One.

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5. Stryker, S., & Serpe, R. T. (1982). Commitment, identity salience, and role behavior: Theory and research example. In *Personality, roles, and social behavior* (pp. 199-218). New York, NY: Springer.
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# SERE Mentorship

## Lt. Cmdr. Nicholas Guzman & Lt. Anthony Smithson



In this issue dedicated to early career psychologists, we hope to inspire your interest toward achieving the skills of a Department of Defense (DoD) certified Survival, Evasion, Resistance, and Escape (SERE) Psychologist.

Earning the SERE psychologist certification is a required competency for opening doors to a career path in operational psychology. This subspecialty is challenging but highly rewarding, and includes positions at Naval Special Warfare (NSW), Marine Special Operations Command (MARSOC), and SERE psychologist billets at training sites like SERE West in Coronado, CA and SERE East in Kittery, ME. Recent work in our community has attempted to distinguish operational psychology from embedded psychology billets such as those on our aircraft carriers or with Marine forces in ground and logistics units. Unlike those in these embedded roles, psychologists assigned to operational billets become SERE certified prior to taking orders or shortly upon arrival to their respective communities as operational billets typically involve the use of human factors science for advising commands on practices of member assessment and selection, personnel recovery operations, and the advancement of operational training.

SERE Psychology developed out of line officers seeing a need for our subject matter expertise. SERE training is derived from the gathered experiences of prisoners of war (POWs) who were imprisoned during World War II and the Korean War. The curriculum is built around the premise of stress inoculation theory to support adherence to the Code of Conduct For Members of the Armed Forces of the United States<sup>1</sup>. Other foreign wars and international conflicts in which personnel were held by government-affiliated entities and extremist groups prompted expansion of the curriculum. SERE Level C (Code of Conduct) training exposes U.S. service members to a highly stressful series of simulated interrogations, isolation, and survival exercises, offering students the opportunity to practice learned skills to avoid exploitation and prevent learned helplessness. Staff who support the training are themselves exceptionally skilled and undergo a rigorous screening process to include psychological assessment. The SERE

Psychologists at these training sites play an integral role as the risk management oversight for training, its staff and students, and lead the human factors board to advise the staff and the Officer in Charge.

In addition to the duties as SERE psychologist at one of the training sites, SERE certified psychologists are also involved in supporting personnel recovered from captivity, assisting in their reintegration back into daily society. Psychological aspects of decompression, resuming independence, rebuilding self-confidence, and developing an effective action plan towards repatriation are extremely complex processes. The psychological needs of recovered personnel compete with those of various entities such as intelligence debriefers, pressure to engage the media, and requests of family to reunite and celebrate members' return. The SERE psychologist assists with balancing these conflicting demands to provide a psychologically sound reintegration for the returned service member.

Certification as a SERE psychologist is a fairly new process, and explicit requirements were established by the Chairman of the Joint Chiefs of Staff in November 2013<sup>2</sup>. This instruction applies to all DoD sponsored SERE programs and ensures that SERE psychologists achieve and maintain a competency level necessary to support Level-C training and personnel recovery.

The process of becoming a SERE certified psychologist requires a licensed psychologist to (1) complete Level-C training, (2) receive a SERE Psychology Orientation course of instruction, and (3) participate in a year-long mentorship with someone who is already certified. The mentorship provides a

framework for psychologists to engage in a collaborative and supportive relationship with a more senior psychologist who guides them in curriculum areas such as personnel recovery, effects of stress on training and captivity, and behavioral and cognitive features of role play. Activities in support of SERE Level-C

training, reintegration drills, and assistance with personnel recovery events are strongly encouraged in developing one's competency. In addition, there are advanced training opportunities such as the Joint Personnel Recovery Agency (JPRA) annual SERE psychology seminar and Personnel Recovery Education and Training Center (PRETC) courses focused on debriefing.

Once the year-long mentorship is complete and the member demonstrates proficient knowledge in SERE psychology, their mentor endorses their certification form and forwards it to the Navy's SERE Psychology Program Manager (LCDR Nick Guzman). The program manager tracks all Navy SERE certified psychologists to provide updates to JPRA in the event support is needed for a personnel recovery event. The program manager can relay proof of certification for the purpose of obtaining supplemental privileges in SERE Psychology and to obtain the Additional Qualification Designator (AQD) in SERE Psychology. After obtaining certification, one must continue to maintain competency through continued education and/or direct support of SERE-related activities; this includes at least 24-hours of continued education and training every two years.

The SERE psychology community includes 37 psychologists, a robust and knowledgeable group who are more than willing to lend their time to foster a new generation of operational psychologists. If you are interested in networking with others in this specialty or wish to pursue certification, please contact us at [Nicholas.p.guzman1@navy.mil](mailto:Nicholas.p.guzman1@navy.mil) or [William.a.smithson2.mil@mail.mil](mailto:William.a.smithson2.mil@mail.mil). Information about the Navy's SERE Psychology Program is now available on milSuite. 

**(Bottom Left)** Lt. Cmdr. Nicholas Guzman with his staff at SERE West, Location. **(Top Right)** Lt. Anthony Smithson, Psychologist at SERE East, Kittery, Maine.

1. Executive Order 10631, August 1955
2. Chairman of the Joint Chiefs of Staff (CJCSM) 3500.11 (29 NOV 2013). The Department of Defense Survival, Evasion, Resistance, and Escape Psychology Program.



# HITTING THE DECK RUNNING

Lts. Eric Neumaier & Phillip Dang

"Are you  
sure you  
want to do  
this?"



It was a question we both asked ourselves 100 times over the year-and-a-half of paperwork, interviews, and waiting, before we were offered commissions as licensed direct accession (DA) psychologists. Although most Navy clinical psychologists come in during their internship, a small group—typically one to three per year—receives their commissions as DAs. A DA applicant must hold an independent license to practice in addition to meeting the same requirements as any other officer. For both of us, the process required a great deal of perseverance, patience, organization, and above all, flexibility.

Being a DA has its benefits, including civilian education, training and experience that may not be common in military training programs, years of inde-



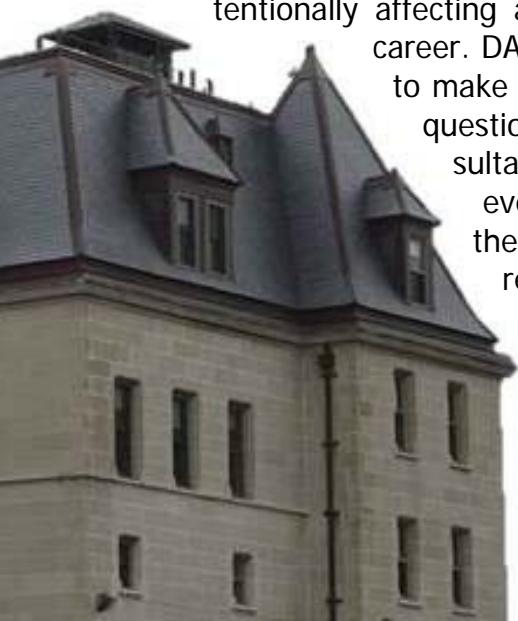
pendent practice, and the ability to "hit the deck running" at your first duty station. However, the biggest drawback is that you are expected to know what you are doing! DAs often begin seeing patients immediately after being credentialed, with an understanding they will learn as they go since there is no formal Navy training program for DA psychologists. In order to mitigate this, the Specialty Leader makes every effort to place DA psychologists at the large Military Treatment Facilities (MTFs) where they have the opportunity to receive Navy-specific training. DAs face a steep learning curve, as many aspects of being a military psychologist do not exist in civilian practice. This includes the myriad of specialty evaluations and stipulations for fitness for duty, the difference between "fitness" and "suitability," limited versus light duty, and writing medical boards and recommendations for administrative separation. The inevitable errors that follow can lead to delays in completing appropriate evaluations or even unintentionally affecting a service member's career.

DAs need to be willing to make these mistakes, ask questions, seek out consultation, and learn at every opportunity. If they do so, they are rewarded with an exciting and dynamic career that encourages growth.

As daunting as it can be to learn

the "left side of the collar," DAs also face unique challenges with the "right side of the collar." It is not uncommon for DAs to receive time in rank for their civilian years of licensed practice and may be in-zone for promotion in short order. Time in rank can be awarded at a 2:1 ratio of civilian practice to military service. For example, a psychologist coming in with four years of licensed practice will likely receive two years of time in rank as a Lieutenant; a psychologist coming in with ten years of licensed practice may receive up to five years of time in rank and may even come in as a Lieutenant Commander. Time in rank can be both a blessing and a curse. While it recognizes and credits your years of experience, it also potentially places you in zone for promotion with limited time to have your performance evaluated on Fitness Reports. Given the highly competitive nature of promotion, and our recent below MSC-average promotion rates, DAs can feel tremendous pressure from both sides of their collar.

One strategy to mitigate this pressure and to better prepare future DAs is to institute a training program. The Judge Advocate General (JAG) Corps provides an excellent example. Although many JAGs go to Officer Development School (ODS) fully licensed just like DA psychologists, they do not go directly to their first command after graduation. Instead, the JAG Corps acknowledges that simply having a license to practice law does not mean the lawyer possesses the necessary skills to practice military law independently. JAGs attend Naval Justice School, a ten-week long training program designed to teach the basics of being a Navy lawyer. Moreover, the JAGs also have the First



Tour program where they spend their first two years in the Navy receiving hands-on learning and experiencing the range of duties a JAG may engage in over their careers. They rotate through four different fields, including military justice on the defense and prosecution sides, command legal services, and legal assistance. Each of these rotations is six months with formalized training goals and evaluations.

Although this example works well for the JAG Corps, a similar program would be impractical for DAs given the small number of participants. However, key aspects of this model can be applied to Navy Psychology, such as facilitating training on specialty-specific duties, hands-on learning, mentorship, consultation, and the opportunity to rotate through numerous shore and operational environments in a modified First Tour. Some of our favorite hands-on experiences to date include a week at sea on a carrier, touring a nuclear submarine and learning about the unique needs of the submarine community, touring the USNS Comfort, and attending the annual MSC Symposium. Especially while at sea, we are reminded of the exciting ways being a Navy psychologist differs from the work of our civilian counterparts. The current practice of placing DAs at MTFs could become a formalized aspect of the program with one or two large MTFs with nearby fleet operations serving as the host sites. Specific attention could be focused on the unique professional development needs of Navy Psychology to increase our overall competitiveness within the Medical Service Corps. Depending on training needs, the program could also be scaled up to include interns and postdocs. Creating a formal program for DAs has the potential to ease the transition to military practice, reduce the pressure to learn both sides of the collar at the same time, increase promotion rates, and ultimately, improve clinical care. We hope to create a Point Paper outlining these suggestions for growing DA education and welcome feedback from the broader community. 

**(Top)** Lt. Neumaier stands on the flight deck of the USS GEORGE WASHINGTON (CVN-73). **(Bottom)** Lts. Conforte, Herren, Hu, and Neumaier tour the USNS COMFORT (T-AH-20). **(Page 18, Left)** Lt. Neumaier begins his DA Commission from Officer Training Command, Newport **(Page 19, Top, from left to right)** Lt. Neumaier enjoys his week aboard CVN-73. Lt. Dang hands out coffee to US Naval Hospital Okinawa staff members needing a break. Lt. Neumaier stands outside NMCP with his mentor, Lt. Cmdr. Mat Rariden.



# Mentoring as a Department Head

Cmdr. Robert D. Lippy

The position of Department Head (DH) at a Military Treatment Facility (MTF) comes with many challenges, but one of the largest—and, in turn, a large reward—is mentoring Junior Officers (JOs). Helping JOs develop their potential is much like doing therapy in some respects. No—JOs aren't pathological; but the mentoring process can involve therapeutic dynamics. It is a delicate dance of encouragement, validation, corrective experiences, and rapport building.

Most of our JOs come with some inherent leadership talent. The key is to help them develop their individual leadership style based on their own strengths. Some leaders are very vocal, animated and active, while others tend to be more reserved. One leader's signature strength may be gratitude, while another's may be curiosity, while still another's might be perseverance. Ultimately, there is no single best leadership style. As a DH, I see it as my job to learn the signature strengths of my JOs and help them leverage them to their benefit and to the benefit of the staff they are charged with leading.

That being said, in my experience there are some key leadership components I try to impart on JOs. First and foremost, an effective leader must be other-serving, rather than self-serving. I often tell my JOs, "Your staff is not here to serve you, you are here to serve them!" A leader's primary job is to enhance the staff's work—to clear obstacles and make their jobs easier, not harder. That is not always easy to do, especially in an MTF environment where the administrative requirements seem never ending. As leaders we need to ensure staff attend to sometimes cumbersome but necessary requirements, while also leading them in providing safe, high quality, evidence-based care. Along the way, if we can help them grow as clinicians and reach their professional goals, then we are being an even more effective leader.

One challenge often faced by young JOs taking on their first leadership roles is that they are tasked with leading staff who may have much more clinical experience and perhaps more leadership experience as well. This can create a problem of credibility. Here, I remind JOs that although they have less clinical experience and wisdom, they are freshly trained in the latest evidence-based care and in providing the highest standards of care. JOs can use the recent experience to set the standard and to lead by example. This is something any provider should be able to appreciate. JOs establish credibility (and reputation) through consistent hard work and integrity. By holding themselves to the same or higher standard than that expected of their staff, they eventually gain the respect and trust of their staff.

For example, JOs who show up on time, practice what they preach, demonstrate fairness, and go out of their way to assist their staff with problems will soon establish strong rapport with their staff. Once a JO has earned the respect of the staff, he or she will be in a position to move more into transformational leadership, inspiring colleagues to higher-level organizational goals such as challenging process improvement initiatives or enhancing mission effectiveness. Transformational leadership activities can then lead to increased communication where staff are more likely to share ideas and provide critical feedback to help the organization move forward. Team members will then feel more valued and thereby much more likely to perform at an even higher level.

Perhaps it is the nature of our training as psychologists, but most of our JOs tend to instinctively understand and know how to provide positive reinforcement. Still, this is another key component of leadership that cannot be overlooked. In my experience, staff tend to appreciate periodic public praise more so than something more formal such as a written award. That said, if a more formal written award is indicated, JOs can earn the respect of their staff in taking the time to write the citation. It is also important for JOs to learn that their praise must be genuine. I have found that staff are very good at knowing genuine praise from that which is forced. Although it is important to dole out liberal amounts of positive reinforcement, if it becomes too frequent and too strained, the well-intended praise loses its value. As JOs begin to develop confidence in their leadership style, I simply encourage them to relax into recognizing their staff at opportune times and with sincerity consistent with their own "voice".

Whereas positive reinforcement tends to come naturally for most, critical feedback (positive punishment) is much more of a struggle. I admit this is one of the least fun aspects of leadership. However, it is also one of the most important. Critical feedback, often in the form of verbal and written counseling, is necessary for the organization to carry out its mission. In the setting of an MTF, the mission is to provide safe, high quality care in a professional environment. Just like it is sometimes necessary for the growth of a therapy patient to receive feedback that is uncomfortable, it also necessary for a staff member's development to receive critical feedback. Providing this type of feedback also demonstrates respect to that staff member in that it shows a leader cares enough to want to help a member correct deficiencies in the interest of growth and development. Reminding JOs of this fact can make this unpleasant leadership responsibility a bit more palatable.

It is my belief that functioning as a Division Officer or DH in an MTF setting offers the quintessential leadership experience. MTF leadership generally involves being in charge of a large, diverse, multi-

disciplinary staff comprised of active duty, contractors, and civil service. MTF leadership requires knowledge of many policies and instructions as well as familiarity with human resources and financial management.

Along with managing and leading a larger staff, an MTF leader must also balance multiple other administrative and clinical collateral duties while also maintaining collegial relationships with other MTF staff. MTF leadership offers a chance to practice the full gamut of leadership while a JO hones their individual leadership style. Like many of the jobs in Navy Psychology, the trials are many, but so are the opportunities.

# A LESSON IN LIFE



# BABIES, BALANCE, and BREAKS

Lt. D'Andria Jackson

One's life and career as a Navy Psychologist is not a "standard issue" experience. There are an abundance of life planning options, how we choose to incorporate these options into our lives is a deeply personal experience. For some, plans involve children, partners, pets, and homes, while others find meaning in their career, travel, and adventure. I had a plan for my life - children were included, but they were distantly located in the plan... or so I thought. As life would have it, I discovered that I was pregnant within the first two weeks of training at Officer Development School (ODS)! As I sat in a cold and sterile medical exam room in King Hall, my well thought-out plan began to unravel. This was my first lesson in balancing work and life: *be flexible, because plans change.* This would, of course, not be the last lesson I learned.

Our family welcomed our son during the middle of my pre-doctoral internship training year at Naval Medical Center Portsmouth (NMCP). While it was not ideal timing, the experience taught me the second lesson I needed to know: *You will need support.* I completed internship and continued at NMCP for my first tour in a "geobachelor" status. Doing this with a small child was manageable because I sought support. My husband routinely traveled to the area every weekend for four years. I also found additional assistance from friends and family members who also lived in the area. I relied upon this system heavily after the more timely arrival of our daughter later toward the end of my first tour. I was fortunate to have family in the area, but when family isn't accessible, the relationships formed with your *Navy family* can be just as supportive.

I transitioned from NMCP to Walter Reed National Military Medical Center—Bethesda (WRNMMC) for my second tour while in post-partum status. At that time, the maternity leave instruction had just been updated, providing a substantial period of additional time with our newborn. As early as possible, I initiated conversations about

these issues with my new chain of command. This communicated to leaders that I was carefully considering the needs of the department as well as my own desires and seeking effective solutions. It facilitated a smooth transition and reintegration period for my family, and minimized disruption to the clinical template. I made the decision to breastfeed both of my children. I struggled to sustain milk production during my son's infancy because I felt uncomfortable asserting my needs for time to express milk during the workday. I was unaware of the Navy guidance that provides support for breastfeeding mothers<sup>1</sup>. The instruction addresses Breastfeeding Support Programs, adequate accommodations (e.g., lactation rooms, available office space use, access to electrical outlets), and requests for time to express breast milk. Lesson number three: *Don't be shy about communicating your needs.* Upon reporting to WRNMMC, I addressed my needs with my chain of command and was assigned an office with a sink, and afforded the flexibility in my clinical template development to accommodate time for pumping.

A critical component of finding balance is having an understanding supervisor and/or chain of command who look for alternative resources to support their staff. Our clinic has extended hours, and the ability for providers to choose their time of duty. Additionally, teleworking agreements are available within our department. Research has shown a reduction in work-life conflict when employees have control of their schedules, and receive support from supervisors regarding personal and family life responsibilities<sup>2</sup>. Parenthood never fails to throw curve balls like fevers, viruses, injuries, and the list goes on. Most recently, a virus leeched onto one of my children at school and infiltrated our home; both children were out with pink eye. Teleworking was the solution to the scheduling conundrum I was facing. I was able to stay on top of work tasks when taking a break from the duties in my home, which resembled that of a HAZMAT (hazardous materials) crew. Having resources that allow

you to parent and nurture your children, while still fulfilling some aspects of clinical duties is invaluable . Lesson number four: *It's helpful to have understanding supervisors--and if you are one, be one.*

It is easy to be consumed with clinical care, collateral duties, and household responsibilities. At times, it feels as if I leave one job only to go home and start the next—a never-ending cycle of meeting the needs of others. It can get overwhelming some days. By far, the most important lesson I've learned is: *Be Present*. Being present and fully engaged in the moment is pertinent in occupational functioning and family life. Doing so helps you to maximize the hours of work with efficiency and productivity. At home, take a moment to breathe, decompress, and recognize that one day this phase will pass and you'll only have the memories to reflect on. Be present amidst the chaos of toys, dinner, dishes, and laundry. Listen for the infectious sounds of children's laughter, and the pitter-patter of tiny feet running through the house. Take the time to play with the Legos, read their favorite book for the 40<sup>th</sup> time, and bake the cupcakes they're requesting for dessert. Those are the moments that give rise to special memories in your heart, and theirs .

Last, but most certainly not least: *Give yourself a break*. Ballenger-Browning and colleagues found higher rates of

burnout among military mental health providers who carried large caseloads, worked long hours, and had less experience<sup>3</sup>. Does this resonate with your junior officer "worker bee" status? If so, then give yourself a break. Make your health and well-being a priority; you cannot pour from an empty cup. Take advantage of opportunities for PT (Physical Training) during the week. Visit your physician to address your health, not just to complete your annual PHA (Periodic Health Assessment). Don't forget to practice the same self-care recommendations you provide to your patients. Don't let the leave you earned keep storing up or go to waste.

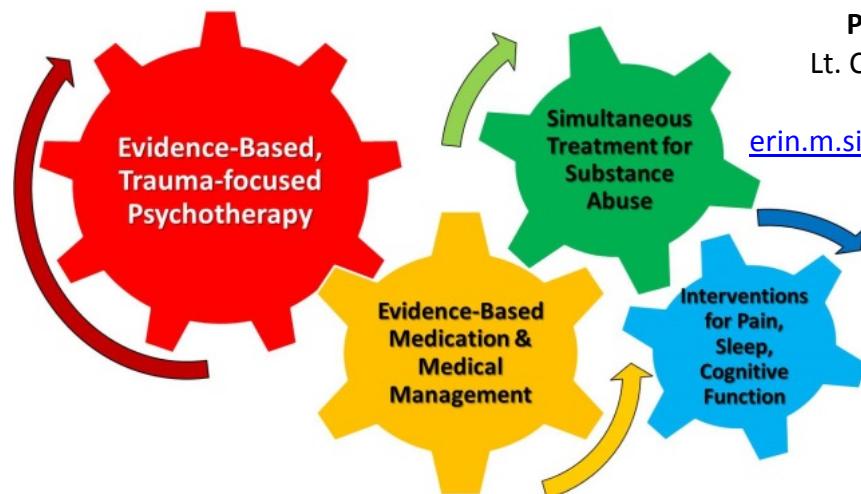
These lessons have taught me that raising a family while on Active Duty can be challenging, but it is most certainly possible. It requires flexibility, support, and communication. When you reflect and consider the moments that have passed, perhaps you will find that you have concurrently achieved your both professional and personal goals. In that moment, it's all worth it! 

1. BUMEDINST 6000.14A Support of Servicewomen in Lactation and Breastfeeding
2. Kelly, E.L., Moen, P., Oakes, J.M., Fan, W., Okechukwu, C., Davis, K.D., & Casper, L.M. (2014). Changing work and work-family conflict: evidence from the work, family, and health network. *American Sociological Review*, 79(3), 485-516.
3. Ballenger-Browning, K., Schmitz, K.J., Rothacker, J.A., Hammer, P.S., Webb-Murphy, J.A., & Johnson, D.C. (2011). Predictors of burnout among military mental health providers. *Military Medicine*, 176(3), 253-260.



## Overcoming Adversity & Stress Injury Support

Eight-week residential program for combat-related PTSD for active duty and activated reservist service members



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# Game T

## Capt. Dave Jones

If you Google the terms “coach” and “mentor” you see a basic distinction between these two roles: coaching pertains to assisting people to perform on a specific task, whereas mentoring relates to individual development across a full spectrum of life activities. As the only Navy psychologist currently in a Commanding Officer (CO) role, I have a perspective honed by nearly 10 years of experience in various types of executive medicine jobs on what constitutes effective versus less effective consultations by psychologists to command leaders. Such consultations might occur electronically, via phone, or in a face-to-face meeting. The topic for consultation usually relates to a patient safety concern (e.g., evaluation of suicide risk), or to a personnel matter that might affect individual or unit readiness. My intent here is to coach you on a discrete task, namely making the interaction between mental health providers and COs a matter of top performance. Adm. John Richardson, Chief of Naval Operations, in his Navy Leader Development Framework (January 2017), challenges leaders to “inspire your teams to perform at or near their theoretical limits.” Coach Jones wants to help you pursue “best ever” performance in advising your CO, or any other CO, on mental health matters pertaining to their troops.

### Prepping for the Next Game

Imagine yourself on a basketball team preparing for the next game. You’re in a viewing room with teammates and coaches watching game film about your next opponent, a tough divisional rival that wants to avenge a previous loss to your team. As you watch the film, you discuss ways your team will make adjustments based on observations of the other team’s offense or defense. As game day approaches, last year’s contest becomes only an historical reference point—you have to prepare for the game right in front

of you with the players and resources now available. During the game film meeting, the coach isolates the camera on specific players or zones. Now the camera focuses on you and your coverage of a particular opposing player. The point is to talk you through game time conditions and stress, so you are mentally and physically prepared to execute prescribed plays in the most effective way.

The camera now fades to black. Now shift the scenario to “game film” about the last consultation/meeting you had with a CO regarding a patient care or unit cohesion concern. Knowing what you know now, what could you do to improve that interaction? Even if your last consultation went well, what will keep you and the unit performing at or near your theoretical limits? Whether you are a Military Treatment Facility (MTF) provider, embedded or operational psychologist, or special assistant, you can get better at interacting with command leadership by networking with peers and supervisors regarding the topic, and training yourself to make the most of consultation opportunities.

### Getting Dunked On

No NBA or WNBA players want to be on an unflattering ESPN highlight reel by getting dunked on by their opponents. Sports commentators seem to take special glee in replaying this type of “highlight” from different camera angles. Commentators particularly like to go into slow motion to show how the action unfolded all around the “dunkee,” but that person was so out of position or so unaware of a match-up problem that it made the dunk almost inevitable. Your main concern in advising a CO is to accurately convey risk and participate in planning a specific way forward. Of course, a CO is not your “opponent,” but nonetheless a party very interested in your moves, that is, what it is you have to say. If you don’t con-

# Line with Coach Jones

vey the information well, here are four ways to get “dunked on” during or after a consultation. These are moves from the playbook you *don’t* want to use.

1. Lead with suppositions, not facts. You’re guaranteed to get off on the wrong foot by talking about conjectures regarding the situation at hand. The first order of business is for you to convey to a CO all relevant facts in as concise and chronological way as you can. Keep your interpretations or diagnostic formulations at a minimum during the initial description of the situation. In other words, keep the flashy psychology stuff in the tool bag until you need it, or better yet for when the Boss asks for it—just let you shine.

2. Speak with hyperbole, not precision. Exaggeration is not a virtue, nor is it a way to get the Skipper’s attention. Check your words and speech mannerisms for language that might tend to inflate situations more than is warranted by the facts. Through your consultations, you’re setting a track record for yourself as a reliable purveyor of information. As an advanced organizer, outline your key points before the meeting occurs; in the pressure of the moment, you’ll be glad you have notes to refer to in discussing the situation.

3. Convey risk, but don’t consider mitigation. While it is true that you are to communicate risk information up the chain of command, it is not true that you are off the hook just by identifying risk factors. If you see a problem, also be prepared to offer a solution or at least some recommendations for action. I have had encounters with both mental health and medical providers, where they seemed satisfied with themselves by describing the risks with a given patient or situation, but had not thought through specific courses of action to alleviate the risk. Remember COs are immersed in risk related considerations and

decisions all day. In fact, risk evaluation and mitigation might serve as a job description for command positions. Whatever you can do to lessen the risk burden or to make recommendations for doing so will go a long way toward solidifying your role as a trusted advisor.

4. Wait until 16:29 on Friday afternoon to deliver guano or a “poo pile” to the Boss. COs have a special place on the desk for managing various types of “dumps;” they actually get special training on dealing with this in CO School. If you have to deliver one type of guano or another late in the day, at least have the courtesy to send an alert at least 30 minutes in advance. Sometimes, it can’t be helped, but you have a doctoral degree—do your best to be creative in giving advanced warning.

## The Game-Winning Play

So let me restate the plays that you *do* want to use: 1) Focus on the facts. Get as much factual information as possible. Where there are information gaps, state them; don’t make the Skipper play detective, 2) Aim for clarity and precision in communication. Tell the story in a way that the “scientist” part of scientist-practitioner comes through, 3) Bring COAs (Courses of Action) to the table, and 4) Get bad news to the Boss fast. And, connecting to #3, if you have to bring a bucket of guano, also bring gloves and a shovel!

Now get out there and get some “best ever” consultations on your next highlight reel. Feel free to send me highlights and lowlights from your CO consultation experiences: [david.e.jones196.mail@mail.mil](mailto:david.e.jones196.mail@mail.mil). I love to hear of my players’ victories.

Coach Jones—out. 



#### PHOTOS FROM THE FLEET

**(Top Left)** Lt. Courtney Pollman-Turner receives the Junior Officer of the Quarter Award from Naval Hospital Pensacola. Photo Credit (PC): Courtney Pollman-Turner **(Top Right)** Lt. Cmdr. William Johnson promotes one of his staff psychiatrists to his current rank while the Commanding Officer of Naval Hospital Twentynine Palms looks on. PC: William Johnson **(Middle Left)** Cmdr. Arlene Saitzyk, Lt. Kate Kline, and Lt. j. g. Viktor Koltko pose for a photo outside Marine Corps Embassy Security Group. The Group hosted a 97-year-old Marine Raider who fought at Guadalcanal. The veteran discussed "shell shock" and counterintelligence threats, his expertise for which he was later recruited by a civil service agency. PC: Capt. Sharon Rollings **(Middle Right)** The staff of Marine Corps Embassy Security Group and externs from USUHS pose for a photo at the Marine Corps Ball. PC: Matt Kline **(Bottom Left)** Lt. Allison Clark, Lt. Kyle Bandermann, Lt. Daniel Northington, and Lt. Linett Sierra, psychologists of U.S. Naval Hospital Guam, jump for joy on the beaches of Guam. PC: Kyle Bandermann. **(Bottom Right)** Psychologists attached to Naval Medical Center Portsmouth attend the Medical Service Corps Dining Out. PC: Maria Herrera.

# Reserve Update

Cmdr. Michael Basso



Most psychologists in the Navy Reserve are mid-level officers, with the average rank of Lieutenant Commander. Despite the relatively advanced rank, many Reserve psychologists have served less than 10 years, largely due to commissioning as a Lieutenant. Consequently, they might still be considered early career psychologists. Because promotion to Commander and Captain is exceptionally competitive in the Reserves, the need for mentorship and career advice remains especially pertinent to those who intend to sustain a career in the Reserves.

When I first accessed into the Reserve, a seasoned Medical Service Corps (MSC) officer advised me, "The Navy knows you are an effective clinician, and they will want you to function in that way if deployed. However, during your reserve time, the Navy only cares whether you are an effective leader. You can only demonstrate your leadership by doing jobs outside of your clinical expertise." Indeed, most Reserve psychologists will provide clinical service only during their two weeks of annual training or during a mobilization. Being an excellent clinician will be insufficient to obtain a favorable FITREP (Fitness Report). Your skills as a leader and administrator will set you apart.

What kind of leadership jobs can you seek? It depends on what Command owns your billet. If you are assigned to a Marine Medical Battalion or Navy Expeditionary Medical Facility, volunteering to serve as an Officer in Charge (OIC) of exercises is an excellent way to distinguish yourself. Such jobs take much time, persistence, and deliberate planning. Perhaps as a result of these demands, it may not be a surprise to learn that surprisingly few people are willing to seek such positions.

Regardless as to what platform you are assigned, volunteer for detachment OIC, Administrative Officer, or Training Officer jobs. Such positions are typically expected to be filled by senior Lieutenants or junior Lieutenant Commanders. After progressing in these leadership jobs, seek positions on your Command's headquarters staff. Such jobs provide a different perspective on Reserve Command functions, and will prepare you for senior leadership positions as you promote to Commander and Captain.

Intimidated by the prospect of doing a job you've never done? Welcome to the club! However, doing so provides a superb opportunity to refine existing skills and acquire new ones.

How do you start? Ask a leader! Talk with your detachment OIC about filling a leadership position. You may not know how to read a RUAD, track training accomplishments in FLTMAPS, or decipher medical readiness in MRRS, but acquiring this knowledge is important to your progression in the Reserve community. (Reserve Unit Assignment Document, Fleet Management and Planning System, and Medical Readiness and Reporting System, respectively, for the record). As a leader, you will be graded on whether members of your

detachment are mobilization ready with respect to administrative, training, and medical requirements. As you learn the basics, you'll become more proficient in managing increasingly challenging assignments and administering larger elements of the Command.

So, you've stepped forward, and have received a leadership position within your Detachment or on the headquarters staff. What else should you do? You don't know what you don't know. Find a mentor to help eliminate blind spots as you proceed. In most Reserve Commands, there is only one psychologist. In a detachment, you may be the only MSC officer. If you do not have an MSC mentor, seek out an ambitious and generous senior officer in your detachment. Alternatively, seek out a Nurse Corps officer—much of what is pertinent for nurses is pertinent for MSCs. Don't let a designator limit your pursuit of a mentor.

A good mentor will advise you to seek educational opportunities. I urge you to attend the Navy Reserve Unit Management and the Advanced Medical Department Officers courses. These will help you to understand how the Navy Reserve functions from the detachment level to the Echelon Two Command, and how Navy Medicine supports the operational Navy. Completing the Joint Professional Military Education Level I sequence will also refine your knowledge and distinguish you from most Medical Department Officers. Further, gain an education outside of schools. Volunteer to serve as a recorder on the selection board or APPLY board. Learn what Boards value and scrutinize for promotion and billet assignment.

If you want to remain in a billet until retirement, consider that there are only 16 psychologist billets in the Reserve, and most of them are slated at the O-3 and O-4 pay grades. You may need to expand your skill set. You may not have any experience writing awards, fitness reports, or managing training records. Yet, acquiring such skills will distinguish you from clinician peers. Imagine that you are a clinical psychologist who is performing two weeks of annual training during a field exercise. To be gainfully employed on an exercise, you may have to serve as the OIC of the medical detachment. You may be called upon to serve as the medical planner for the exercise, and write the Annex Q for the Operation Order. Although unrelated to work as a psychologist, doing so permits you the opportunity to lead, and that is essential for career progression. Take care of your career in a scrupulous and deliberate manner. Do yourself a favor and maintain a record of your monthly activities. Ask your mentor to review your FITREP before submission. When you are in zone, submit a package to the board. Write a brief letter summarizing your accomplishments while in rank. Make your board advocate's job easy.

If you want to promote to senior rank, recognize you will probably work harder than you anticipated and more often than one weekend a month and two weeks a year. When your record is briefed before the Selection Board, if you have progressed from Assistant Training Officer to Department Head on a headquarters staff, then you will probably be favorably evaluated. If you showed up for drill reliably, completed requirements in a timely manner, and occasionally offered training to the detachment on some psychological matter, that is probably going to be insufficient. It is important to demonstrate you have effectively served in a position of rank-appropriate leadership.

Finally, as you progress, you will acquire your own nuggets of wisdom and experience. Be a mentor, and share them with your peers and subordinates.



Finish your dissertation  
PRONTO!

Don't be afraid to admit you don't know something. Our doctoral training does not address many military specific issues we need to know.

*If you want to do a fellowship, consider timing and promotion zones. Generally, right after being selected for promotion is a good time for a fellowship.*

Have an open mind when picking orders. Consider duty stations that offer a diversity of experiences and make you well-rounded.

*Consider selecting a licensure state that is military friendly (i.e., can make exceptions or expand timelines for required CEs during deployments).*

Be able to quantify everything you do.

*Remember that you are the subject matter expert on a whole host of subjects.*

Consider your unique skillset, strengths, and challenges. Select duties that will enhance your assets and improve your flaws.

Learn from other providers and officers around you—the good and the bad.

First, do your job well. Then “grow where you are planted.”

Getting your license should be the #1 priority during your first duty station.

Use your mentors! It does not hurt to hear information from different sources.

It is not as much about the billet you are in, but about how you perform there.

Document,  
document,  
document!

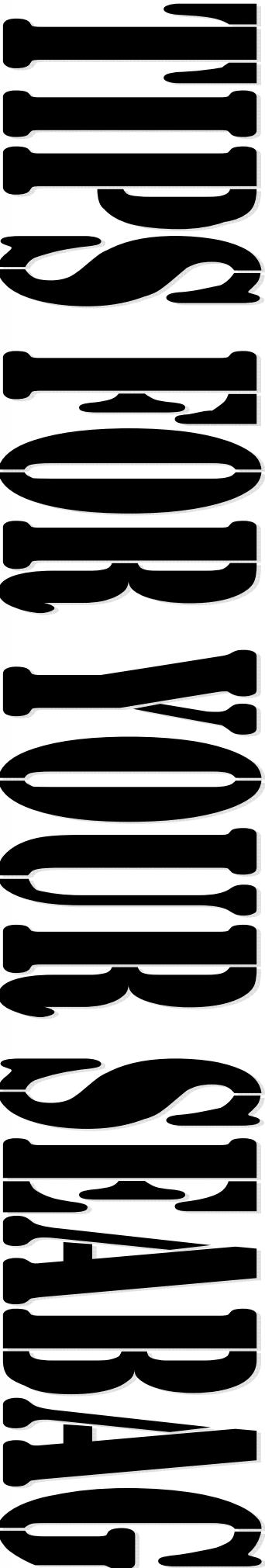
Utilize every resource the Navy has to offer—DUINS, bonuses, training opportunities, CE opportunities, board certification reimbursement.

If you don't ask for it, then how can you get it?

*Look for every opportunity to fix things or make processes better.*

*Don't be afraid to discuss with leadership ideas for process improvement at the command or region level and be prepared to take ownership of these projects.*

contributions by various community mentors



# BRAVO ZULU

## Medals & Ribbons

Lt. Ashley Shenberger  
Navy & Marine Corps Commendation

Lt. Darren Norris  
Navy & Marine Corps Commendation

Cmdr. Michael Basso  
Navy & Marine Corps Commendation



## Awards, Certifications & Selections

Lt. Courtney Pollman-Turner  
Junior Officer of the Quarter, Naval Hospital Pensacola  
All-Navy Triathlon Team

Lt. Marcus VanSickle  
Instructor Certification, Marine Corps Martial Arts Program  
Faculty Appointment, Military Suicide Research Consortium

USPHS Lt. Cmdr. Brian Lees  
Board Certification, American Board of Professional Psychology

Lt. Cmdr. Yaron Rabinowitz  
2016 MARSOC Commander's Award of Excellence

Cmdr. Michael Basso  
Director for Administration, Expeditionary Medical Facility Camp Pendleton

Capt. Shannon Johnson  
Executive Officer, Navy Medical Center San Diego

Capt. (Ret.) Dave Mather  
Elected to Board of Directors, American Board of Clinical Psychology

## Presentations & Publications

**Clark, A.A.** (2016, September). Trauma Exposure and the Treatment of Post-Traumatic Stress on Guam, USA. Presented at the Behavioral Health in Micronesia Conference, Tumon, Guam.

**Clark, A.A., & Braybrook, C.J.** (2016, November). Psychological Aspects of the Development and Maintenance of Substance Use Disorders. Presented at the Guam Nurses Association Conference, Tumon, Guam.

Tracy, V.L., **Basso, M.R.**, Marson, D.C., Combs, D.R., & Whiteside, D.M. (2017). Capacity for financial decision making in multiple sclerosis. *Journal of Clinical and Experimental Neuropsychology*, 39, 46-57.

**Whipple E.K.**, Schultheis MT, Robinson KM. Preliminary findings of a novel measure of driving behaviors in Veterans with comorbid TBI and PTSD. *Journal of Rehabilitation Research & Development*. 2016;53(6): 827-38.

**Whipple E.K.**, (2017, February) Subjective and Objective Measurement of Distress During VR Driving in Veterans with PTSD. Presented at 45th Annual Meeting of the International Neuropsychological Society, New Orleans, LA



#### MORE PHOTOS FROM THE FLEET

(**Top Left**) Camp Lejeune-Area Psychologists meet-up with USUHS Students following an operational training weekend. PC: Kyna Pak (**Top Right**) Interns from Walter Reed National Military Medical Center-Bethesda tackle the rope ladders at Quantico on their visit to MCESG. PC: Brendan Finton (**Middle Left**) Lt. Cmdr. Jason Duff stands relieved by Cmdr. Ken Sausen as Ship's Psychologist, USS GEORGE WASHINGTON, CVN-73. PC: Jason Duff (**Center**) Capt. (Ret.) Richard Bergthold receives a gift from the 2016-2017 Interns of WRNMMC-Bethesda. PC: Sakshi Sharma (**Middle Right**) Psychologists from around the Fleet, junior and senior, join the staff of Marine Corps Embassy Security Group for a week of special duty evaluations and training. PC: Arlene Saitzyk (**Bottom**) Specialty Leader Capt. Scott Johnston and Assistant Specialty Leader Cmdr. Arlene Saitzyk can be found among the crew at the 2017 Medical Service Corps Specialty Leaders' Meeting. PC: Scott Johnston.



**Director, Medical Service Corps**  
Rear Adm. Anne Swap

**Surgeon General of the Navy  
Chief, Bureau of Medicine & Surgery**  
Vice Adm. C. Forrest Faison, III



**Editors, *The Navy Psychologist***  
Cmdr. Arlene Saitzyk  
Lt. Kyle M. Bandermann



**Specialty Leader, Clinical Psychology**  
Capt. Scott Johnston

*The Navy Psychologist (TNP)* is a publication of the Clinical Psychology Specialty of the U.S. Navy Medical Service Corps. Its purpose is to educate readers on community missions and programs, recognize research that contributes to the highest standard of clinical care, and build *esprit de corps* among its members. This publication will also draw upon our rich historical legacy to instill a sense of pride in those who have served our community, as well as focus on the future of our community, in order to serve as outreach to those interested in joining our ranks. Finally, it aims to enhance reader awareness of the increasing relevance of Clinical Psychology in and for our nation's defense. The opinions and assertions herein are the personal views of the authors and do not necessarily reflect the official views of the U.S. Government, Department of Defense, Department of the Navy, or any division thereof.

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